

Leave request form

Trainee Name:

Name of Host Employer:

Type of leave:

- annual
- personal (including sick)
- compassionate
- other

Dates of leave: _____ to _____

(indicate the first day and the last day of leave; do not include the day you return to work)

Reason for leave:

Approved by:

Signature:

Date:

Trainee signature:

After gaining approval by your Host Company please scan and email this form to payroll@arcgroup.com.au. Annual Leave cannot be taken without prior approval from both the Host Company and ARCway Careers. Always check before making travel bookings. You will receive an email within 5 business days confirming your leave. If you do not receive the confirmation email, please speak to payroll at 1300 138 966.

If the request is less than 2 weeks from today, please contact your Consultant on 1300 138 966 before submitting this form.

ARCway Careers Representative Signature:

ARCway Careers Representative name:

Date: